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AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
		BUREAU OF VITAL STATISTICS	State Index No. <u>273</u>
County <u>Yuma</u>	District <u>Prescott</u>	County Registered No. <u>211</u>	
Town <u>Prescott</u>	Or City <u>Prescott</u>	Local Registrar's No. _____	
<b>ORIGINAL CERTIFICATE OF DEATH</b> No. <u>Theray Hospital</u> St. _____ (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
<b>FULL NAME</b> <u>Alice Tea</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	Color or Race <u>White</u>	DATE OF DEATH <u>Nov 25</u> 191 <u>5</u>	
	<del>Black</del> <del>Chinese</del> <del>Japanese</del> <del>Mexican</del>	(Month) (Day) (Year)	
	<del>SINGLE</del> <del>MARRIED</del> <del>WIDOWED</del> <del>DIVORCED</del>	I hereby certify, that I attended deceased from <u>Oct 14</u>	
DATE OF BIRTH <u>Feb</u> 18 <u>76</u>		191 <u>5</u> to <u>Nov 25</u> 191 <u>5</u> ; that I last saw her alive	
(Month) (Day) (Year)		on <u>Nov 25</u> 191 <u>5</u> , and that death occurred on the date	
AGE <u>69</u> yrs <u>9</u> mos <u></u> days hrs., or min.	If less than 1 day _____	stated above at <u>1 P</u> M. The DISEASE or INJURY causing	
OCCUPATION <u>Housewife</u>		Death was as follows: <u>Cancer of</u>	
(a) Trade, profession or particular kind of work		<u>uterus &amp; bladder</u>	
(b) General nature of industry, business, or establishment in which employed or (employer)		(Duration) <u>2</u> yrs. <u></u> mos. <u></u> days	
BIRTHPLACE (State or country) <u>Ireland</u>		Was disease contracted in Arizona? <u>Yes</u>	
NAME OF FATHER <u>John Grigau</u>		If not, where? _____	
BIRTHPLACE OF FATHER (State or country) <u>Ireland</u>		CONTRIBUTORY <u>Metastasis to deep</u>	
MAIDEN NAME OF MOTHER <u>Don't know</u>		<u>Cervical glands</u>	
BIRTHPLACE OF MOTHER (State or country) <u>Ireland</u>		(Duration) <u>6</u> yrs. <u></u> mos. <u></u> days	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		(Signed) <u>J. B. McNally M.D.</u>	
(Informant) <u>A. H. Oliver</u>		<u>Nov 26</u> 191 <u>5</u> (Address) <u>Prescott Ariz</u>	
(Address) <u>Prescott Ariz</u>		*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
PLACE OF BURIAL OR REMOVAL <u>Prescott Ariz</u>	DATE OF BURIAL OR REMOVAL <u>Nov 27</u> 191 <u>5</u>	LENGTH OF RESIDENCE	
UNDERTAKER <u>H. M. Poulson &amp; Co</u>	ADDRESS <u>Prescott</u>	At place of death <u>20</u> yrs. <u></u> mos. <u></u> ds. In Arizona <u>30</u> yrs. <u></u> mos. <u></u> ds.	
		Former or Usual Residence <u>Prescott Ariz</u>	
		Filed <u>Harry E. Douthett</u>	
		Filed <u>12/24</u> 191 <u>5</u> <u>John H. Flower</u>	
		Local Registrar	
		County Registrar	